## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

(FOR USE WITH FORM PTO-875)

**CLAIMS** 

IND.   DEP.   DEP.   IND.   DEP.   IND.   DEP.   IND.   DEP.   DEP.   DEP.   IND.   DEP.   DEP.   DEP.   DEP.   DEP.   DEP.   DEP.   DEP.		AS FILED		AFTER		AFTER 2 MAMENDMENT				AS F	ILED		TER NDMENT	AF 2 AME
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